

DRUG ADDICTION AND RECOVERY

HEARING
BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE
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SPECIAL HEARING

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DRUG ADDICTION AND RECOVERY

TUESDAY, MARCH 24, 1998

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN
SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10:45 a.m., in room SH-216, Hart Senate Office Building, Hon. Arlen Specter (chairman) presiding.

Present: Senators Specter, Faircloth, Craig, and Bumpers.

Also present: Senators Cleland and Wellstone, and Representative Ramstad.

NONDEPARTMENTAL WITNESSES

STATEMENTS OF:

BUZZ ALDRIN, Ph.D., FORMER ASTRONAUT AND CHIEF EXECUTIVE OFFICER, STARCRAFT

SHAWN COLVIN, RECORDING ARTIST

FRED D. HAFFER, CHAIRMAN, PRESIDENT AND CHIEF EXECUTIVE OFFICER, GENERAL PUBLIC UTILITIES, INC.

ALAN I. LESHNER, Ph.D., DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

BILL MOYERS, EXECUTIVE DIRECTOR/HOST, PBS "MOYERS ON ADDICTION: CLOSE TO HOME"

WILLIAM COPE MOYERS, DIRECTOR OF PUBLIC POLICY, THE HAZELDEN FOUNDATION

CARROLL O'CONNOR, TELEVISION, FILM, AND BROADWAY ACTOR

MacKENZIE PHILLIPS, TELEVISION AND FILM ACTRESS

JOHN T. SCHWARZLOSE, PRESIDENT, THE BETTY FORD CENTER

OPENING REMARKS OF SENATOR SPECTER

Senator SPECTER. I would like Senator Wellstone and Congressman Ramstad to join us here at the podium. We have Dr. Aldrin, Ms. Colvin, Mr. Grammer, Mr. Hafer, Dr. Leshner, Mr. Moyers, Mr. Carroll O'Connor, Ms. Phillips, and Mr. Schwarzlose.

We are going to move ahead now with a very short introductory statement by Senator Wellstone as the other witnesses take their chairs. I am sorry to move along so rapidly, but we are going to have to conclude this hearing within slightly under 1 hour.

Senator Wellstone, the floor is yours, briefly.

SUMMARY STATEMENT OF SENATOR PAUL WELLSTONE

Senator WELLSTONE. I thank you, Mr. Chairman. And I am also here with my colleague, Representative Ramstad, who speaks with a great deal of eloquence about this issue.

I would ask unanimous consent that I might be able to submit to the committee a complete written statement.

Senator SPECTER. Yes; by all means, it will be made a part of the record.

Senator WELLSTONE. I thank the chair.

Mr. Chairman, let me just make three quick points in less than 3 minutes. First of all, we were at a gathering this morning which focused on a very powerful documentary that Bill Moyers has done. And I think it speaks volumes about why we must, in this Congress, pass a piece of legislation that would provide parity in the treatment for people who are struggling with substance abuse.

Mr. Chairman, we did that with the mental health area. Now we need to do it in the substance abuse area. What we are essentially saying is that there will be no mandate, but when a plan covers substance abuse, we want to make sure that it is covered the same way as any other illness.

The research has been done. The medical evidence is irreducible and irrefutable. We see the neurological connections, the biochemical connections, and we can treat this illness. And we can make an enormous difference. And what this legislation that Congressman Ramstad and I have introduced does is to make sure that we end the discrimination and we get the assistance to people, and we get the assistance to their families.

Mr. Chairman, I could go on and on and on about why this is the right thing to do. I could go on and on and on about all the ways in which it is cost effective. Let me just simply say to you today that you are going to hear some powerful testimony from experts and you are going to hear some powerful testimony from families that have dealt with this illness.

And, most important of all, you are going to hear from people in the recovery community. With adequate treatment, we have been able to do well for our families. We have been able to do well for our communities. We have been able to do well for our country. And that should be the goal of the U.S. Senate: to make sure that families are able to do that.

PREPARED STATEMENT

I will, as I said to you earlier, provide the complete details as we move forward with this legislation. We want to pass this legislation. And we thank you, Chairman Specter, for giving us this hearing. This is the first major step that we are taking to pass really good legislation that will make an enormous difference in the lives of people.

I thank you.

Senator SPECTER. Thank you very much, for your statement Senator Wellstone. I would also like to thank you for your leadership on this important subject.

[The statement follows:]

PREPARED STATEMENT OF SENATOR PAUL D. WELLSTONE

Mr. Chairman, I want to thank you for the opportunity to speak to the subcommittee this morning on an extremely critical health issue facing millions of Americans—substance abuse addiction.

Last September, I introduced legislation (The Substance Abuse Treatment Parity Act of 1997; S. 1147) that will ensure that private health insurance companies pay for substance abuse treatment services at the same level that they pay for treatment for other diseases. Today, you will hear powerful testimony about how badly this treatment coverage is needed, and how substance abuse has affected the lives of so many Americans throughout our country.

Substance abuse addiction is a chronic, relapsing disease. For too long, it has been viewed as a moral issue—or a measure of personal weakness. We have all seen terribly negative portrayals of alcoholics and addicts as less than human, as somehow unworthy of treatment, and these only reinforce the biases against people who have this disease. Such portrayals would not be tolerated if they were made of individuals suffering from cancer or heart disease. They should not be tolerated with substance abuse.

People ask me, but who will pay for this? But the truth is, we all do, already. Of all general hospital patients, 25–50 percent suffer from alcoholism-related complications, according to a 1996 commission on Model State Drug Laws. In addition, 65 percent of emergency room visits are alcohol or drug related. Business pays already too, for the failure to provide treatment. The same report said that substance abuse costs American businesses nearly \$100 billion in increased medical claims, medical disability, injuries, and decreased productivity. After treatment, absenteeism, disability, and disciplinary actions all decreased by more than 50 percent. A recent Chevron study reported that for every \$1 spent on substance abuse treatment, \$10 is saved in related costs.

Who doesn't pay—not yet—are those insurance companies who discriminate against individuals suffering from the disease of substance abuse by setting up barriers to care. As a result of these barriers, many individuals do not get treatment, and then, the individual, and the individual's family, friends, coworkers, employers, and all of us suffer from the consequences.

What is the cost for parity for substance abuse treatment? The Milliman and Robertson study estimated that a full and complete substance abuse parity provision would increase “composite” per capita health insurance premiums (aggregated across fee-for-services, PPO, and HMO plans) by only 0.5 percent, or less than \$1 per member per month.

A report just released today, by the Substance Abuse and Mental Health Services Agency, stated that full parity for mental health and substance abuse services in private health insurances plans that tightly manage care would increase family insurance premiums by less than 1 percent. For full coverage across all forms of coverage, the increase is 3.6 percent, but of that, only 0.2 percent is attributable to substance abuse treatment costs.

Substance abuse parity, and mental health parity, is a growing movement. In addition to federal legislation, 84 parity bills were introduced in 37 States during 1997. It is time for the Federal Government to enact legislation to provide for full parity for both substance abuse and mental health treatment.

Dramatic advances in neuroscience and the behavioral sciences have revolutionized our understanding of drug abuse and addiction. New information about brain circuitry, neural receptors, and biochemical changes have greatly increased scientific knowledge about the clear changes in the brain caused by drug addiction. We would not discriminate against other diseases when the brain is affected (such as Alzheimer's disease); we must not discriminate against this disease. Social attitudes and clinical practice have not kept up with these advances in scientific knowledge, but it's time to change our attitudes and make sure that the treatments that we know work are accessible to those who need them most. There are good treatments for substance abuse addiction, like the programs at the Hazelden Foundation in my home state of Minnesota, at the Betty Ford Center, and at the Valley Hope Association—you have heard some powerful and moving stories today from those who were treated at these programs—but we need to make such treatment programs available and accessible.

The Substance Abuse Treatment Parity bill (S. 1147) will prohibit group health plans from imposing annual or lifetime limits, copayments, deductibles or visit limits for substance abuse rehabilitation unless similar requirements exist for other medical and surgical benefits. This bill will exempt small employers of at least 2 but not more than 50 employees. It also protects employers who incur a premium increase of at least 1 percent by exempting them from the act.

In closing, the important thing to remember is that substance abuse treatment is about fairness, plain and simple. Substance abuse is a chronic, relapsing disease, and it needs coverage that can allow proper management of this disease. To fail to provide treatment for those suffering from this disease is costly, and leads to broken families, broken lives, and broken dreams. We need to do more to help. This hearing today is an important step to making sure we change the attitudes and practices in our society that lead to this discrimination. A critical next step is the passage of the Substance Abuse Treatment Parity Act.

Thank you.

SUMMARY STATEMENT OF REPRESENTATIVE RAMSTAD

Senator SPECTER. I am going to turn now to Congressman Jim Ramstad. He was first elected to the House in 1990, and reelected in 1996. He is the principal sponsor of House bill 2409, to give people who suffer for alcoholism and drug addiction access to treatment. He has some personal experience himself.

The floor is yours, briefly, Congressman Ramstad.

Mr. RAMSTAD. Thank you very much, Chairman Specter. I, too, thank you for your leadership on this issue and for holding this hearing today on drug and alcohol addiction, which is a life or death issue to the 26 million American people presently suffering the ravages of chemical dependency of drug alcohol addiction.

Mr. Chairman, this is not just another public policy issue to me. I awakened from my last alcoholic blackout in a jail cell on July 31, 1981. I am here today, almost 17 years later, as a grateful recovering alcoholic. And as a recovering alcoholic, and as someone who stays close to treatment professionals in Minnesota and to other recovering people, believe me, I have seen firsthand the value of treatment for people like me, who are chemically dependent.

In the next hour, Mr. Chairman, members, many courageous individuals will come forward and tell of their tragic, heroic struggles of living with this insidious disease. They will tell also about how treatment has saved their lives, their families, their careers, their communities.

Mr. Chairman, I think my friend, Dr. Mitch Perlstein, back in Minnesota, head of a conservative think tank, put it best when he said: "America is in a haze, numb to the pervasiveness and destructiveness of drugs and alcohol." Well, Mr. Chairman, with all respect, so is most of Congress in a haze about addiction. Too many members of Congress simply do not get it.

I am hopeful today that because these people are coming forward—people like Bill Moyers, Judith Moyers, and William Cope Moyers, the people of Hazelden and the Betty Ford Center, and the series that is going to be aired March 29, through 31—I am hopeful that Congress start getting it, start understanding addiction. It is a disease and it is treatable. Treatment works and we need to provide substance abuse treatment parity for the 26 million Americans, or 10 percent of our population, who are out there today, suffering the ravages of this horrible, fatal disease.

As you know, Senator Wellstone and I have introduced the Substance Abuse Treatment Parity Act to prohibit health plans from discriminating against those who need treatment, pure and simple, saying that they cannot erect barriers that they do not for treatment of physical diseases. This is not only the right thing to do, but it is clearly the cost-effective thing to do.

PREPARED STATEMENT

Mr. Chairman, I know time is limited, so I am going to conclude. But we have all the empirical data, all the studies, all the research in the world to support that conclusion. So, again, I applaud your leadership over here on the Senate side, and that of your colleagues. We need to pass parity legislation this year, because it is a matter of life or death.

Thank you again, Mr. Chairman.

[The statement follows:]

PREPARED STATEMENT OF REPRESENTATIVE JIM RAMSTAD

Chairman Specter, thank you for allowing me to testify today before this hearing on drug addiction and recovery. I am grateful you have chosen to hold this hearing on this critical issue to 26 million American people presently suffering the ravages of drug and alcohol.

As a recovering alcoholic, I've seen first-hand the value of treatment for people who are chemically dependent. In the next hour, many brave individuals will come forward and tell of their tragic, yet heroic struggles of living with this insidious disease. They will also tell about how treatment has saved their lives, their families and their communities.

As you are listening to these witnesses today, I hope you consider what our role as public policy makers can be to help reduce the numbers of people and families afflicted with this disease. As you listen today, please consider the following statistics:

- Nearly 26 million Americans today suffer from addiction;
 - Alcoholism and drug addiction cost this country \$90 billion last year in addition to even great human costs: tragic deaths, violent crime, broken families and shattered lives; and
 - A study by Columbia University's National Center on Addiction and Substance Abuse found that alcohol or drugs contributed to 80 percent of all crimes.
- As someone who stays close to recovering people and treatment professionals in Minnesota, I've been alarmed by the dwindling access to treatment for people who need help. I understand the value of treatment and hope you will consider these facts and the other testimony today that points out the effectiveness of treatment:
- Dr. Thomas McLellan of the University of Pennsylvania found that long-term drug treatment is as effective as long-term treatment for chronic diseases, such as diabetes;
 - Former Assistant Health Secretary Philip Lee reported that every dollar invested in treatment can save \$7 in societal and medical costs;
 - A Rutgers University study found that untreated alcoholics incur general health care costs that are 100 percent higher. After treatment, days lost to illness, sickness claims and hospitalizations dropped by half; and
 - A Brown University study found that drug treatment can reduce crime by 80 percent.

As you know, Senator Wellstone and I have introduced the Substance Abuse Treatment Parity Act to prohibit health plans from imposing limitations on substance abuse coverage that are different from those requirements for other health care services.

This is not only the right thing to do, it is also the cost-effective thing to do. Two very important studies, one released last September by the actuarial firm Milliman and Robertson and the other just released this morning by the Substance Abuse and Mental Health Services Administration (SAMHSA), show how inexpensive our legislation is, with both showing premiums may increase less than one half of one percent.

As Dr. Mitch Pearlstein, from Minnesota, said before the Ways and Means Committee earlier this year, "America is in a haze, numbed to the pervasiveness and destructiveness of drugs and alcohol." Thank you very much for calling this hearing today to try to cut through the haze and educate members on the importance of treatment.

ALCOHOLISM

Senator SPECTER. Thank you very much Congressman Ramstad for sharing your personal experiences with us and for your leadership on this important issue.

Just a personal note or two. My experience with the problems of alcoholism and drug addiction were highlighted when I was district attorney of Philadelphia many years ago. As an assistant district attorney, we used to have the so-called drug tank, where people would be arrested for being drunk. When the Supreme Court, in the midsixties, said that alcoholism was a disease and it was something you could not prosecute for.

When I was district attorney, we had the first rehabilitation center, Gaudensia House. A \$250,000 grant for then, Gov. Raymond Schafer, a tremendous amount of money any time, but especially in 1968, to start drug treatment. The ravages of alcoholism and drug use figure very heavily in our criminal courts. We have moved ahead with drug courts, to try to take people off the street at the time of arrest, so that there are no repeat offenses, and to help them get treatment. This is a subject which has ramifications in many, many directions.

The purpose of our hearing today, with a very distinguished assemblage of witnesses, is to give some public exposure to this problem. To try and get the public sentiment and pressure to have some action by Congress, as Congressman Ramstad articulates in very forceful terms.

SUMMARY STATEMENT OF BUZZ ALDRIN

We are under very heavy time constraints. We started a little early today with panel 1, at 9:30 a.m., and we have to conclude this panel by noon. We are now going to proceed with Dr. Buzz Aldrin, who, along with Neil Armstrong, were the first astronauts to walk on the Moon. Dr. Aldrin is the recipient of the Presidential Medal of Freedom, authored a biography, "Return to Earth," and has a great deal to say about this subject.

Welcome, Dr. Aldrin, and the floor is yours.

Mr. ALDRIN. Thank you, Mr. Chairman. Good morning, Senators, ladies and gentlemen.

Let me say it is a true privilege to be here in Washington, to be able to testify before the U.S. Senate. As you know, I have been blessed by some unusual and wonderful experiences in my life. I have been able to look back at this little blue planet, to see it from a rather unusual perspective, and to see it against the vast blackness of space. It is a fact, and it is also a metaphor I want to indulge for a moment.

In 1969, I traveled to the Moon. Neil and I set foot on the Moon surface, and somehow we all, as Americans, as humans, young and old, we celebrated the triumph of human ingenuity and imagination over the vast darkness of space. Together, this Nation set its sights on a seemingly unattainable goal. And, together, we achieved that goal. A lot of those people in mission control, then and today, were young and talented and held themselves to the highest possible standard of excellence.

Today, there are many challenges facing this Nation. It is still a great Nation, the greatest on Earth. But we are confronting challenges that are daunting—no less daunting than getting to the Moon and back safely. One of those is the insidious challenge posed by increasing use of deadly drugs by our kids. Let me say that drugs will rob a talented young American of his or her dreams faster than almost any other mistake they could make. And it is up to the Nation's leaders to help our kids realize their dreams, protect their futures, and make the most of themselves—not to let them get swept into the vortex of this rising and insidious national threat.

Since 1969, I have helped raise a family, and worked with many young Americans. I have spoken to kids across the country about their lives and their dreams. But what has brought me to Washington today is the fear that America's next generation is getting swallowed up by the vast darkness of drugs.

There are certainly dangers associated with alcohol and tobacco. And I do not mean to minimize them. I have had my own close encounters with dependency on alcohol. I am approaching 20 years of sobriety this fall. And I would counsel, from personal experience, against developing such a dependency. But there is an immediacy, an insidiousness and a swift deadliness that comes from drug use. And I feel it is worth warning our children about it.

Let me mention a few statistics, because they startled me. Nearly half of all 17-year-olds today say they can buy marijuana within an hour. The proportion of eighth-graders using illegal drugs has almost doubled since 1993. In 1995, drug-related emergency room incidents jumped by 12 percent. Cocaine episodes rocketed up 21 percent.

Senator SPECTER. Dr. Aldrin, I am sorry to interrupt you. Your full statement will be made a part of the record. And if you could summarize the balance, we would appreciate it.

PREPARED STATEMENT

Mr. ALDRIN. In my humble view, too many young Americans have forgotten to think big, dream big and set their sights on such basic goals as the contentment that comes from hard work. I think we have a responsibility to our young people to pass the laws that are needed, so that parity, I guess is what we call it, the equal treatment of what we understand that the medical community has judged to be a disease, that that is treated equally and that insurance coverage is afforded that.

I know I have had my own experiences with that. I think I would just like to cease here, and answer any questions that the panel may have.

Senator SPECTER. Thank you very much, Dr. Aldrin.

[The statement follows:]

PREPARED STATEMENT OF BUZZ ALDRIN

Good Morning Senators, Ladies and Gentlemen. Let me say it is a true privilege to be here in Washington, and to be able to testify before the United States Senate. As you know, I've been blessed by some unusual and wonderful experiences in my life. I have been able to look back at this little blue planet, to see it from a rather unusual perspective, and to see it against the vast blackness of space. That's a fact and it's also a metaphor I want you to indulge with me for a moment.

In 1969, I traveled to the Moon. Neil and I set foot on the Moon's surface, and somehow we all—as Americans, as humans, young and old—we celebrated the triumph of human ingenuity and imagination over the vast darkness of space. Together, this great nation set its sights on a seemingly unattainable goal, and together we achieved that goal. A lot of those people in Mission Control then, and today, were young and talented and held themselves to the highest possible standard of excellence.

Today, there are many challenges facing this nation. It is still a great nation—the greatest on Earth. But we are confronting challenges that are daunting—no less daunting than getting to the Moon and back safely. One of those is the insidious challenge posed by increasing use of deadly drugs by our kids. Let me say that drugs will rob a talented young American of his or her dreams faster than almost any other mistake they could make. And it is up to the nation's leaders to help our kids realize their dreams, protect their futures, and make the most of themselves—not let them get swept into the vortex of this rising and insidious national threat.

Since 1969, I have helped raise a family, and worked with many young Americans. I have spoken to kids across the country about their lives and dreams. But what has brought me to Washington today is the fear that America's next generation is getting swallowed up by the vast darkness—of drugs. There are certainly dangers associated with alcohol and tobacco, and I do not mean to minimize them; I have had my own close encounters with dependency on alcohol and I would counsel from personal experience against developing such a dependency. But there is an immediacy, an insidiousness and a swift deadliness that comes from drug use, and I feel it is worth warning our children about.

Let me mention a few statistics, because they startled me. Nearly half of all 17-year-olds today say they can buy marijuana within an hour. The proportion of 8th graders using illegal drugs has almost doubled since 1993. In 1995, drug related emergency room incidents jumped by 12 percent, cocaine episodes rocketed up 21 percent, heroin episodes leaped by 27 percent—and these were kids.

Across the country, drug traffickers are selling methamphetamine, cocaine and heroin at higher purities and lower prices than ever recorded. They are marketing LSD with pictures of the Lion King and Mickey Mouse on them. Now, I ask the distinguished Senators on this Committee and the parents who may be watching whether you think these drug traffickers are marketing LSD with the Lion King on it to 16 or 18 year olds? No, they are marketing it to 8 year olds; that is what recent studies by groups like the University of Michigan, CADCA and PRIDE all indicate. And according to the nationally-recognized Partnership for a Drug Free America, only 3 out of 10 children say their parents have talked to them about drugs.

Now, my point is that we owe our kids—and our nation—better than that. That is not the kind of America that will inspire young Americans to set high standards, steer clear of the black holes in life, get up early, work hard and dream about going to the Moon. That is not the sort of America that will protect future generations by protecting the current generation of young people. And it is to us, and to you as the nation's best and brightest, the nation's leading lights, to get the word out about this crisis and to help get it behind us.

In my humble view, too many young Americans have forgotten to think big, dream big, and set their sights on such basic goals as the contentment that comes of hard work, a loving family and our common purpose. Instead, we are fighting a rear-guard action against our own indifference. The drug war, if it means anything, must mean that we are all in this together, that we must give the right funding levels and attention to international and domestic anti-drug programs.

And that's where I get back to that little blue planet, to the smallness of our little world in the great blackness of space. Losing our children to the great blackness of drugs is no less painful than losing a precious cargo of human life in space. This nation was great enough to train its young people to build the Saturn 5 and take a few of us to that mystical place we call the Moon. It is surely great enough to protect and train the current generation of children, to give them the knowledge and love they need to live full and productive lives, and to teach them—above all—that if we work together there is absolutely nothing we cannot do. There is no dream too big.

I thank you for letting me address you today, and look forward to any questions you may have.

SUMMARY STATEMENT OF SHAWN COLVIN

Senator SPECTER. I will turn now to Ms. Shawn Colvin, award-winning songwriter and singer. In 1997, Ms. Colvin received two

Grammy Awards for her song "Sunny Came Home," and she is currently touring as a solo performer.

Thank you for joining us, Ms. Colvin, and the floor is yours.

Ms. COLVIN. Thank you. Good morning, Chairman Specter and subcommittee members. I am pleased to have the opportunity to testify before you here about my personal experience with addiction and recovery. And I am pleased that you have the courage here to talk about a disease that is shrouded with stigma and shame and denial.

I do not have a lot planned to say to you. I have no facts to give to you, research statistics, anything like that. I am here to serve you as someone who suffers from alcoholism and has managed to stay sober for 15 years. The experience that I can share with you of mine is that the treatment that I went into, I received word of it through word-of-mouth, a friend of a friend of a friend. It was a support group. It will not advertise. It will not take donations. And it does not cost anything to go. And that is just information for you.

I have thought and thought and thought about how much I would like to be a spokesperson for this organization, to wish that they would advertise. Whenever I see ads in magazines, "Depression hurts, Prozac helps," I wish there could be an ad for this particular thing. But this particular organization, addicts seem to get help from other addicts. And once I became aware that I did not have to drink and use drugs, I got quite an education about myself and about the disease of addiction.

And it is great to be able to talk about it here today. I always dreamed of a day that maybe there would be interest in this from this level. And I have a lot of my own questions, actually. And hopefully, with the kind of interest that is coming here, maybe we can answer some of them.

What other disease has a spiritual aspect to it? This disease is spiritual, mental and physical. How do we address that? It is a huge issue.

What is the mystery behind why some people can stay with recovery and some people have to fall back again and again and again? These are things I do not understand.

Just give me a moment; there was more.

I guess I just want to emphasize that it is a disease shrouded in stigma, shame, and denial. And it is a very frustrating disease. You can lead an addict to treatment, but you cannot make him stop necessarily.

So the more we can make people aware, I believe, that one does not need to be ashamed, that one is sick, the more we can help people find areas of treatment, and make that treatment available to them as many times as they need it. Then I think we will be putting the world in a better place, putting our money in a better place, and hopefully answering some questions that have been plaguing people for all time. And we have made some amazing advances in the past 50 years. And I appreciate your interest.

Senator SPECTER. Thank you very much, Ms. Colvin.

SUMMARY STATEMENT OF FRED HAFER

We turn now to Mr. Fred Hafer, chairman and CEO of General Public Utilities. He has been extremely active in antisubstance abuse programs and has served as the past chairman of Drug-Free Pennsylvania, Inc. Thank you for joining us, Mr. Hafer, and the floor is yours.

Mr. HAFER. Thank you, Mr. Chairman and members of the subcommittee.

I am Fred Hafer, chairman, CEO and president of General Public Utilities [GPU] Inc. and I also sit on the board of trustees of the Caron Foundation, a treatment facility for addiction and rehabilitation, headquartered in eastern Pennsylvania.

I am particularly grateful for the opportunity to testify about a subject that I truly feel passionate about. That is the subject of substance addiction and recovery. I sit on this panel as a representative of corporate America, and I also sit on this panel as someone who has, thus far in his life, been fortunate enough to avoid the disease chemical dependency.

I believe that fundamentally, as citizens of this great country, we all have an obligation to contribute to the betterment of society, to do something, to give something back, if you will. Additionally, as a businessperson, I believe that the cost of ignoring the problems of substance abuse and addiction is intolerable. So, to do nothing is unacceptable from both a societal as well as a business perspective.

Doing something about substance abuse addiction in the work place is going to require effort. It is going to require understanding. And yes, it is even going to probably require some initial capital. But I am convinced that that money will be quickly returned several-fold over. The sheer financial cost to American business as a result of chemical dependency is staggering.

When you consider that the people close to employees with substance abuse problems—family members, coworkers, et cetera—are frequently adversely affected, as well, the huge impact that this phenomena has on our economy, and on society in general, becomes clear. But the news is not all bad.

Businesses can implement policies to help prevent substance abuse by employees, and to help those employees and their family members who already have a problem. And, believe me, it works. At GPU, we have a strong drug and alcohol policy that is providing benefits. Employees with an active addiction to a substance can be treated, and will recover and will return to full productivity and a good life.

Senator SPECTER. Mr. Hafer, could we ask you to submit your full statement for the record and summarize?

Mr. HAFER. Yes; I will. Thank you, sir.

PREPARED STATEMENT

I would just like to briefly touch on a piece of legislation that is before you today, the substance abuse parity legislation, which will be an important first step in providing access to treatment for employees. I am convinced that the cost savings of this approach are

produced in my company. And I am confident that other companies will realize those savings, as well.

I would like to reiterate my conviction that in our operation of a multinational corporation, GPU cannot afford, and you as legislators cannot afford, and we as society in general cannot afford the high cost of doing nothing.

Thank you very much.

Senator SPECTER. Thank you very much, Mr. Hafer.

[The statement follows:]

PREPARED STATEMENT OF FRED D. HAFER

Mr. Chairman and members of the subcommittee, I am Fred Hafer, Chairman, President and CEO of GPU, Inc. GPU is a registered utility holding company with three domestic electric utility subsidiaries providing service to two million customers in Pennsylvania and New Jersey. GPU also owns the GPU International Group, which develops, owns, operates and invests in generation, transmission and distribution facilities domestically and abroad. I am also a member of the Board of Trustees of the Caron Foundation, a nonprofit addiction rehabilitation facility. I am grateful for this opportunity to testify on a subject which I feel passionate about—substance addiction and recovery.

I believe that as citizens, we all have an obligation to contribute to the betterment of society—to “give something back.” Additionally, as a businessperson, I believe the cost of ignoring the problems of substance abuse and addiction is intolerable. To do nothing is unacceptable from both a societal and a business perspective.

In all candor, doing something about substance abuse and addiction in the workplace requires effort, understanding and probably some initial investment of money. However, the money will almost certainly be recouped several fold.

The sheer financial cost to American business as a result of chemical dependency is staggering. A full 10 percent of the American work force has a chemical dependency problem, according to an estimate by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. A study by the U.S. Chamber of Commerce concluded that these workers function at about two-thirds of what is considered normal productivity. Additional studies have shown that the substance abusing workers, compared to their nonabusing colleagues:

- Are five times more likely to file a workers’ compensation claim;
- Have unexcused absences from work twice as often; and
- Are more likely to be involved in a workplace accident.

When I took these national statistics and applied them to my company, GPU, I was stunned. The calculations indicate that if GPU is statistically similar to the “norm,” substance abuse and dependence could be costing GPU and its subsidiaries more than \$10 million a year.

When you consider that the people close to employees with substance abuse problems—family members, co-workers or friends—are frequently adversely affected as well, the huge impact this phenomenon has on our economy and our society in general becomes clear. The cost to human lives, personal dignity and business is enormous, and failure to address this cost should be an embarrassment to us all.

But the news is not all bad. Once we have acknowledged the problem, we can fight it. Businesses can implement policies to help prevent substance abuse by employees and to help employees and their family members who already have a problem.

Believe me, it works. At GPU, we have a strong drug and alcohol policy that includes an absolute ban on the use or possession of drugs or alcohol on company property or on company business. GPU also provides an Employee Assistance Program to give those in need of help a confidential, free avenue to receive the help they need. Also, our health plan covers a number of substance abuse treatment services, thereby providing savings on the future medical expenses of our employees.

Employees with an active addiction to a substance can be treated and recover, returning to full productivity and a good life. Addiction is a disease—it has been recognized as one by the American Medical Association for the past 40 years—and it is treatable.

At GPU, we have found that treatment of substance abuse in the workplace is very cost-effective for business, especially as an alternative to discharging the employee. Estimates of dollars saved range from \$2 to \$10 for every \$1 spent on treatment. It is obvious to me, as it should be to anyone who chooses to look beyond the

surface of this issue, that it is far more expensive to ignore the problem of substance abuse and addiction than it is to address it.

I would like briefly to touch upon the piece of legislation that has been discussed today. The substance abuse parity legislation will be an important first step in providing access to treatment for employees. I am convinced of the cost savings this approach has produced in my company, and I am confident that other companies will realize the savings as well. Opponents of this legislation have argued that employers will drop coverage altogether if this bill is enacted. In my opinion, employers cannot afford not to cover these services.

In closing, I would like to reiterate my conviction that in our operation of a multinational corporation, GPU can not afford, as lawmakers you can not afford, and as members of society, in general, none of us can afford, the cost of doing nothing about substance abuse and addiction.

Thank you for taking the time to address this important issue facing our nation.

SUMMARY STATEMENT OF DR. ALAN LESHNER

Senator SPECTER. We turn now to Dr. Alan Leshner, Director of the National Institute on Drug Abuse. We will be hearing more from Dr. Leshner when the subcommittee has a hearing with the National Institutes of Health. We would like just a capsule presentation of your views of this important subject, Dr. Leshner.

Dr. LESHNER. Thank you, Mr. Chairman. I am pleased to be here and be a part of this distinguished panel.

My Institute supports over 85 percent of the world's research on drug abuse and addiction, and I believe I am justifiably proud of the scientific community's accomplishments and contributions to society. Advances in science over the past 20 years have truly revolutionized our fundamental understanding of drug abuse and addiction.

As a simple summary, we now know that drug abuse is preventable behavior and that drug addiction is a treatable disease that comes about because of the effects of long-term drug use on brain function. And that progress has been truly phenomenal.

As just one vivid example, this poster on my right, from work done at the University of Pennsylvania's Comprehensive Drug Addiction Research Center, compares the brain of a cocaine addict watching a bland nature video on the left, with that same person watching a video of cocaine paraphernalia, seeing cocaine-related stimuli, but still having no drug exposure. The person experiences tremendous drug craving from simply seeing representations of drug cues. And at the same time, you can see his brain light up as he experiences that craving. We call this brain activation the memory of drugs.

Understanding brain function and its relationship to addiction is of course incredibly important to how we treat addicts. And we know that just as with other brain diseases, addiction affects every aspect of a person's life. As the Bill Moyers' series about to come out shows, drugs hijack your brain. Well, because they hijack your brain, they hijack your mind and they hijack your life.

That is why an individual's treatment program must address not only the individual's drug use, but also help restore all aspects of their abilities to function successfully, in their families, at work, and in society—what we call whole-person treatment. And I can tell you that science is constantly improving the tools we have for providing that whole-person treatment.

We are also providing communities with the tools they need to prevent drug use in their neighborhoods. This booklet, "Preventing Drug Use Among Children and Adolescents," is the first ever science-based guide to drug abuse prevention. Prevention no longer needs to be done based on intuition of common sense about what might work. We have science-based principles about what will and will not work to prevent drug use.

PREPARED STATEMENT

I have given you just a couple of examples, but I hope that they show you that these kinds of exciting research and research dissemination efforts are moving us all much closer to truly understanding the complexity of drug abuse and addiction and what to do about them. The time has finally come when we truly can replace ideology and intuition with scientific facts as the foundation for how we as a country approach this most complex and vexing issue.

I would be delighted to answer any questions you may have, Senator.

Senator SPECTER. Thank you very much, Dr. Leshner.
[The statement follows:]

PREPARED STATEMENT OF DR. ALAN LESHNER

Mr. Chairman and Members of the Subcommittee, I am pleased to be part of this distinguished panel that you have assembled here this morning to share what the science has come to show about drug addiction and recovery. This hearing is especially timely, given next week's debut of the outstanding five part series on Addiction that my co-panelist Bill Moyers and his competent staff at National Public Television put together, with some technical assistance from the National Institute on Drug Abuse (NIDA). It is also timely given the recent release of a major study by the Physician Leadership on National Drug Policy which conducted an extensive review of the scientific literature and concluded that drug addiction treatment is in fact very effective. The exhaustive study also concluded that drug addiction treatment works just as well as other established medical treatments.

In large part because of the research that NIDA supports, we now know that drug abuse is a preventable behavior and that drug addiction is a treatable disease. Through NIDA's research we know more about abused drugs and the brain than is known about almost any other aspect of brain function. New technologies and new knowledge have revolutionized our insight into the brain. I mean this in the most literal sense. Using functional magnetic resonance imaging (fMRI), we have moved beyond a single snapshot of a brain high on drugs to being able to actually look at the dynamic changes of the brain that occur as an individual takes a drug. We can observe the different brain changes that occur as a person experiences the "rush," the "high," and finally the craving of a commonly abused drug like cocaine. This insight has not only increased our overall understanding of drug addiction, but has provided us with greater knowledge of how to treat addiction.

Although it can be done, addiction is not a simple disease to treat. Addiction is a chronic relapsing disease that results from the prolonged effects of drugs on the brain. It can affect every aspect of a person's life. This is why an individual's treatment program must address not only the individual's drug use, but also help restore their abilities to function successfully in society. The most effective treatment approaches must attend to all of addiction's biological and behavioral components.

It is these kinds of research-based concepts and approaches that are most needed by the frontline clinicians who are facing the day-to-day realities of treating their patient's drug addictions. We know that we cannot just disseminate research findings through journal articles in the hopes that a busy treatment provider will have time to read, analyze and implement a particular finding. That is why we translate these findings in a way that is both useful and used by treatment providers at every level. Toward this end, NIDA is sponsoring a National Conference on Drug Addiction Treatment next month. At this conference, NIDA will release the first two in a series of treatment manuals developed to help drug treatment practitioners provide the best possible care that science has to offer. These first two manuals will

focus specifically on behavioral treatment approaches for treating cocaine addiction. All of the manuals will take scientifically-supported therapies, and offer detailed guidance on how to implement them in real-life practice settings.

These manuals will be particularly useful for treating cocaine addiction, since we do not, yet, have a medication to treat this addiction. This remains both a national need and a NIDA priority. But we do have encouraging news. We are about to launch our first ever large scale multi-center clinical trial for a cocaine medication. In designing this trial we are capitalizing on a body of current findings that suggest that medications consistently work better when they are used in combination with behavioral therapies. When we initiate the trial in the Fall we will add a standardized behavioral component to one of our most promising compounds, selegeline.

NIDA hopes to expand upon this trial by launching a National Drug Treatment Clinical Trial Network to ensure that all potential addiction treatments are tested in real life settings. Our science has matured to the point where we can take a more systematic approach to rapidly and efficiently test the effectiveness of behavioral, psychosocial and pharmacological treatments in large-scale, multi-site clinical trials.

We do already have many effective addiction treatments in our clinical toolbox and countless others that are being tested, although admittedly not enough. We do have methadone and LAAM (levo-alpha-acetyl-methadol) for opiate or heroin addiction, and will be seeking approval for both buprenorphine and buprenorphine combined with naloxone in 1998. For tobacco addiction, there are several nicotine-replacement therapies, such as the patch and gum, and several non-nicotine ones as well, such as bupropion (Zyban[®]) that are readily available.

As with all medical conditions, science will continue to provide us with the best hope. It is science that will help us develop even more novel approaches to treat addiction. In fact it was a series of basic scientific discoveries that pointed us to one common reward pathway in the brain where all drugs of abuse act. The data now suggest that, independent of a drug's initial site of action, every drug—be it nicotine, heroin, cocaine, marijuana or amphetamine—appears to increase the levels of the neurotransmitter dopamine in the brain pathways that control pleasure. It is this change in dopamine that we have come to believe is a fundamental characteristic of all addictions.

Dopamine activity is central to one of the country's most alarming emerging drug problems, methamphetamine abuse. The use of this highly addictive drug, once dominant primarily in the Southwest, is spreading rapidly across the country. Just a decade ago methamphetamine was confined to relatively limited pockets of use in the West. It is now spreading through the mid-West and becoming an emergent new problem in previously "untouched" cities.

This is of particular concern because of recent research demonstrating the neurotoxic effects of the drug. In non-human primates exposed to methamphetamine doses that are routinely used in human abusers, scientists have found profound effects on both the brain's dopamine and serotonin neurotransmitter systems. These long-lasting neurochemical effects are thought to be partly responsible for the severe behavioral abnormalities that accompany prolonged use of this drug. To avert a potential methamphetamine crisis, we need to develop effective medications to treat the addiction, as well as new tools such as anti-methamphetamine antibodies to be used by emergency room physicians to treat the growing number of overdoses.

We also want to provide the public with the necessary tools to play an active role in preventing drug use in their own local communities. "Preventing Drug Use Among Children and Adolescents," has become one of our most popular publications since we debuted it last March. This user-friendly guide of principles summarizes knowledge gleaned from over 20 years of prevention research. Over 150,000 copies have been circulated to communities throughout the country as they evaluate existing prevention programs and develop new ones.

Understanding what makes a person more susceptible to a potential drug problem, and progression from first drug exposure to developing addiction, will enable us to much more effectively target our prevention efforts. Just as important, however, is the identification of protective factors, those behaviors, environments and activities, that seem to enable many people to avoid drug use altogether, or, for those seeking treatment, to get right back on track if they falter or relapse.

We are also supporting research that focuses on the special needs of older children and adolescents who have been placed in juvenile court detention programs, dropped out of school, or have become homeless. It is particularly important that we find effective prevention and treatment approaches for these special populations in light of a 1998 study which found that 13- to 19-year-olds who have both conduct and drug abuse problems, already are meeting standard adult criteria for marijuana dependence.

We are also continuing to study the effects of prenatal drug exposure. We are finding that some, though not all, of the cohorts of crack-exposed babies now entering elementary and middle school may be significantly, although perhaps subtly, affected. Because these effects can be subtle and expressed only as children develop, long-term follow-up is needed. Longitudinal studies will also enable us to examine whether prenatally drug-exposed children are more vulnerable, or at increased risk for drug abuse in childhood and adolescence.

As we work to replace ideology about drug abuse and addiction with science, we will continue to take our science to the true beneficiaries of our research endeavors—the American public. We will continue to join with local partners across the country to sponsor a series of Town Meetings. Our Town Meeting with the citizens of Boston will coincide with the March 29 premier of the Bill Moyers series on “Addiction” that I mentioned earlier.

All of these exciting research and research dissemination efforts are moving us all closer to truly understanding the complexity of addiction. NIDA will continue to use the most sophisticated research equipment and techniques, and seize all scientific opportunities that present themselves to ensure that no more lives are lost to what is ultimately both a preventable and, if not prevented, a treatable disease.

Thank you once again for inviting me to participate on this panel. I will be happy to answer any questions you may have.

SUMMARY STATEMENT OF BILL MOYERS

Senator SPECTER. We turn now to our next distinguished witness, Mr. Bill Moyers, who, along with his wife, Mrs. Judith Davison Moyers, first became involved in addiction treatment in 1989, on a family experience. Mr. Moyers is well known to Americans. He is the recipient of some 30 Emmys, the George Foster Peabody Award for Political Reporting. His resume would take much longer than the time allotted for his presentation, so, Mr. Moyers, you have the floor.

Mr. BILL MOYERS. Thank you, Mr. Chairman for this opportunity.

I am a journalist, as you say. And we journalists are known to be privileged to explain things we do not understand. And I assure you that addiction was something I did not understand until it came close to home. Actually, I want to come here this morning not as a journalist, but in the spirit of the writer and the humorist Robert Benchley, who arrived at Harvard Law School, to discover that the final examination in international law consisted of one question. And it was this: “Discuss the international abstraction of the protocol of the fisheries problem from the point of view of the United States and the point of view of Great Britain.”

Well, Benchley was honest and desperate. So he wrote: “I know nothing of the point of view of the United States in regard to the international fisheries problem, and nothing of the point of view of Great Britain. I would therefore like to discuss the question from the point of view of the fish.” [Laughter.]

I am just one fish in this great ocean of addiction that is the subject of your hearing today. And I speak not as a journalist, but as a father. Ten years ago, our oldest son, William Cope, plunged into a long ordeal with alcohol and drugs. Fortunately for us, it has come to a happy place, and our son is doing well. You will hear from him later this morning. He is sitting to my right.

Others are not so lucky. As you will also hear, addiction can kill.

To share what we learned during our family’s experience, as you said, Judith and I have produced this series, which runs on PBS next Sunday evening. I will submit that to the record, as well.

But as the father of a recovering addict, and as a journalist reporting on addiction, I am convinced that America needs a new metaphor for the war on drugs. When our son's addiction took over his life, we did not declare war on him. We sought help for him. And the help that mattered, the help that made the difference came from people who understood addiction to be a treatable disease.

The sooner that we move from a military to a medical metaphor for addiction, the sooner we will see addiction for the public health challenge it is, and the sooner our national drug policies will be grounded in reality. You will hear this said in our series by no less a figure than the White House drug czar Gen. Barry McCaffrey.

I am going to submit my statement to the record, but summarize quickly by saying it helped us a great deal when our son's life was claimed momentarily by addiction to understand that this robust, church-going, outgoing, personable, successful student, a 30-year-old journalist, established in his own right, was in fact suffering from a progressive and debilitating disease that was wearing at the organ of his brain.

That helped me to see the issue not as my father had seen another close member of our family, whom he thought suffered moral weakness, was a moral coward, who lacked character and will-power, when he proved to be an addict. My son does not have a weak character. My son is a person of great moral standards. My son is someone who is in charge of his life, and has been fighting a disease.

We discovered, when Judith and I went through family treatment with him, not only what had happened to him, but what he had to do to get well as a recovering moral agent, and what we had to do ourselves to heal our own wounds. Families need to do this together.

In fact, a study was released just 2 weeks ago, showing that addicts who go through treatment with families have a far better chance of making it than those who go it alone.

Thank you for this opportunity.

Senator SPECTER. Thank you.

SUMMARY STATEMENT OF WILLIAM COPE MOYERS

Senator SPECTER. I would like to turn briefly to your son, William Cope Moyers, who works on public policy issues related to drug and alcohol addiction in his position as director of the Hazelden Foundation.

Welcome, Mr. Moyers, and the floor is yours.

Mr. WILLIAM COPE MOYERS. Thank you, Mr. Chairman. And thank you, members, for giving us this opportunity. I will keep my comments brief. They are submitted for the record.

I will just say that if my father was the fish, then the disease of addiction was the net. And it was a disease which captured all of us in 1989, when I hit bottom. But, first, let me tell you briefly a couple of things about me.

I pay property taxes because I own a home, and State and Federal income taxes because I work for a living. I invest my volunteer time trying to help my community. I serve on a board of four non-profit organizations in Minnesota. As the father of three young

children, I do my best, along with my wife, Allison, who is here today, to raise them in a healthy and caring environment. In the winter, I shovel the snow off my sidewalk, and in the summer I mow my own yard.

On the surface, all these things may seem unremarkable to most of society. After all, that is what society expects of each of us—to do what we can for our communities.

But once upon a time, I could not do any of these things. I was an alcoholic and drug addict. And none of these things would be possible today had I not been helped in overcoming the powerful disease of addiction.

In summary, I will tell you that for years I struggled with a baffling inability to just say “no.” I started using, innocently, marijuana when I was 15 years old, in 1975. And by the time I was 30, I was at bottom, using hard drugs and hard alcohol.

I know there is a risk in publicly revealing my addiction. Society does not like addicts. Even though the AMA defined addiction as a disease more than 40 years ago, people still believe it is a matter of choice or the result of weak moral character. I assure you it is not.

And let me just tell you that it is time that people like me stand up and speak out, and be counted among the millions of Americans who have overcome this disease and are leading healthy and productive lives today. Otherwise, lawmakers like yourself, who ignore constituents they cannot see, will continue to make policies that do not address the problem as it relates to people like me.

It is time that health insurance plans, policymakers and society at large treat addicted people fairly.

Let me say in closing that Hazelden recognizes that public policies will change only when recovering people like me stand up and speak out, because we must put an accurate face on addiction and an accurate face on recovery. Let me just tell you that I grew up in the middle-class suburbs. I was raised by two parents—my father here, who gave me all the emotional, moral, financial, and spiritual support I needed. I graduated from college. And still, my brain was hijacked by addiction.

PREPARED STATEMENT

The message is clear: Millions of people like me can and do get well when we have access to good treatment. When we recover from this disease, we pay our taxes, we raise our children and we work. We must also remind policymakers that we do something else, too. We vote.

Thank you. [Applause.]

Senator SPECTER. Thank you very much, Mr. Moyers.

[The statement follows:]

PREPARED STATEMENT OF WILLIAM COPE MOYERS

William Cope Moyers is director of public policy for Hazelden, based in Minnesota. He grew up in Garden City and was a *Newsday* reporter from 1986–1989. His father Journalist Bill Moyers, has produced a 5-part television series called “Moyers on Addiction: Close to Home.” It will be broadcast on public television on March 29–31.

Let me tell you a few things about me.

I pay property taxes because I own a home, and state and federal income taxes because I work for a living.

I invest my volunteer time trying to help my community; I serve on the boards of four non-profit organizations in Minnesota.

As the father of three young children, I do my best, with my wife Allison, to raise them in a caring and healthy environment.

In the winter I shovel snow off of my sidewalk. In the summer I mow my yard.

On the surface these may seem unremarkable. After all, society expects each of us to work, pay taxes, care for our families, and serve the community.

But once upon a time I couldn't do any of these things. I was an alcoholic and drug addict. And none of them would be possible for me today if I had not been helped in overcoming the powerful disease of addiction.

For years I struggled on my own to master a baffling inability to "Just Say No." It started not long after I innocently experimented with marijuana in 1975, when I was a teenager. Soon I was getting drunk on weekends in college. Alcohol turned to hard drug use. By the time I was 30 I couldn't do anything productive. I could no longer take care of myself.

An unexpected journey to Minnesota started a slow transformation. In 1989, I went there from New York for treatment at Hazelden. There I learned that I was sick with a disease, an illness I did not ask for and cannot beat on my own. One I must learn to live with, or die from.

A near-death experience a few years later, when I briefly tried drugs again after several years of sobriety, finally pushed me to a bottom that serves as the foundation of my recovery today. And for my ability to do everything from pay taxes to be a parent to write this article.

There is a risk in publicly revealing one's addiction. Society doesn't like addicts. Even though the American Medical Association defined addiction as a disease more than 40 years ago, many people still believe it is a matter of choice, or the result of weak moral character.

But the time has come for addicted people like me to stand up, speak out and be counted among the millions of Americans who have overcome this disease and are leading healthy and productive lives today. Otherwise lawmakers at the state capitals and in Washington, who ignore constituents they cannot see, will continue to make policies divorced from reality.

Take health care coverage for addiction. Many private health insurance plans refuse to cover treatment for alcoholism and drug dependence like they do for hypertension, diabetes and asthma, all major chronic illnesses. This is unfair. How serious is this inequity? Last year Hazelden extended about \$4 million in financial aid to people so that they could either get into treatment, or stay there long enough to get well. And most of them were working people who had health insurance.

Rep. Jim Ramstad (R-Minnesota) and Sen. Paul Wellstone (D-Minnesota) have sponsored the Substance Abuse Treatment Parity Act to end this discrimination. It would require private health insurance plans that already cover substance abuse treatment to do so on par with other major illnesses. Not only is this fair. It makes sense, too. Drug and alcohol abuse contributes to everything from crime to lost worker productivity to broken families and spiraling health care costs.

Yet neither the Clinton Administration nor the Republican leadership in Congress cited this legislation when they recently rolled-out new plans to fight America's so-called "War on Drugs." The federal government is ready to spend billions upon billions of dollars in this fight. Yet opponents to parity, including many members of Congress, insurance companies and business groups, loudly protest because it will cause premiums to rise by pennies a day, or about \$1.35 a month per member.

Political unreality will change only when recovering people like me stand up and speak out. We must put an accurate face on addiction; it is not just a problem of inner-city poor people, or those who suffer "moral weakness." I grew up in the middle-class suburbs, was raised by two parents who gave me all the emotional, financial and spiritual support I needed, graduated from college and held good jobs. And still my brain was hijacked by alcohol and drugs.

The message is clear: people like me can get well, when we have access to good treatment. When we recover from this disease, we pay our taxes, raise children, and work. We must remind policymakers that we do something else too. We vote.

REMARKS OF SENATOR MAX CLELAND

Senator SPECTER. We will recognize Senator Max Cleland.

Senator CLELAND. I just am glad to be here to see this table of courage. I wanted to come here and especially support my dear friend, Carroll O'Connor. I got to know him and his family when he was filming "In the Heat of the Night," in Georgia, for some 7

years. I got to know his lovely wife, Nancy, and I got to know his marvelous son, Hugh.

And I have seen the terrible price that can be exacted on a family by the menace of drug addiction. So I wanted to come here and support my dear friend, Carroll, in telling his story. He has an incredible story to tell, one that is being replicated, unfortunately, throughout America.

It is also marvelous to be with my friends, Bill Moyers, and Buzz Aldrin. These are incredible people, and they have got an incredible story to tell.

Thank you, Mr. Chairman.

Senator SPECTER. Thank you very much, Senator Cleland.

SUMMARY STATEMENT OF CARROLL O'CONNOR

Senator SPECTER. We now have the extraordinary opportunity to hear one of America's greatest television, film and Broadway actors, Carroll O'Connor, who comes to the witness table due to some of his own personal experience in this line. Not only is he a voter, but he has the potential to move a lot of other voters, to put pressure on public policy.

The floor is yours, Mr. O'Connor.

Mr. O'CONNOR. Well, Senator, I do not want to tell you a sad story or personal experience, but I think we all owe each other a vote of congratulations for providing a society so generous, so open and so encouraging to the criminal retailers of drugs, known as the pushers. We have made it possible, as in no other country in the world, for the pushers to operate virtually with freedom.

I suppose, in the name of civil liberties, we make it impossible for the cops to catch them. But, of course, they are all guilty of some other felonies that we do not see. My favorite pusher on the coast, you know, had a little tax problem. And God knows where these pushers have the BMW's that they drive around the schools in, living in the upscale condominiums. We allow it to happen.

We do not do anything about it. And I am after some legislation, Senator. For instance, the only agency that is allowed to ask questions about our taxes is the IRS. And that is the last agency we want asking us about it, by the way. But the police have no authority. Nobody else has any authority to ask somebody who is obviously dodging his taxes and has not made a return. Pushers cannot make returns. They do not have time.

So that anybody of any age, any color—equal opportunities in this game—from kids up to old-timers, can make \$100, \$500, \$1,000 a day, tax free, Senators, tax free, and live very, very well. Better than most Americans. With no responsibilities to their Nation whatsoever.

In fact, they are the enemies that we are supposed to be making the war against. And we are about to surrender. You hear people all the time, What can we do; there will always be war. And get the big guys, get the Government. Well, the Government does pretty well interdicting the big shippers of drugs into this country. They make busts all the time. And big wholesalers in the cities are busted. There was one up in New York the other day when I was there. They were doing \$125,000 a day worth of business. And they are not the biggest wholesaler. But that is considerable.

But the little pusher can make all this money. It is the easiest way in the world to make a fast buck. And we here in the United States, we are encouraging it and turning away from it.

Now, there is no reason why, on probable cause, a police officer anywhere, having been told, that is a pusher, that guy is preying on my apartment house and my school, why a police officer cannot go over and say, Henry, where did you get that BMW, let me see the ownership, let me see your driver's license. And, by the way, what is your tax number? Did you file a return? Did the IRS send you a number that you can tell me so I can find out if you are a decent citizen?

And we are going to nail a lot of them that way. We already have a civil liabilities law in nine States—and I am proud that I helped get it through—where victims can sue pusher's in relative neighborhoods, as they sue the tobacco industry today. The other day, in Detroit, there was a \$2 million judgment.

And this is going to show pushers that they cannot go out there with impunity, and live high on the hog in this Nation of ours without incurring some danger. When those guys are sued, the courts will take hold of all that property until the suit is determined.

But I want them picked up for tax evasion. And I want you seriously to consider legislation—I could go into details that we do not have time for now—of a plan. But, you know, if you are fighting a war—we used to be asked for draft cards, because everyone is supposed to be doing something for the war—being in the service or you had a draft card to say why you were not.

Now, I am not trying to impose I.D. cards on people, although personally I am not against it—they are all over the world except here—for some screwy notion that this is going to deprive us of our liberties. And most of us in this room have been fingerprinted over and over. The Government knows all about us, for one reason or another. We have been in the service. We are not afraid of I.D. cards. But forget about it. That is another thing.

PREPARED STATEMENT

But we cannot be afraid, in the name of some really abstruse idea of civil liberties, to handcuff the police. They cannot do anything against these pushers, and the pushers are destroying the country, Senator.

Thank you.

[The statement follows:]

PREPARED STATEMENT OF CARROLL O'CONNOR

I should like to remind the Senators that the salesman of hard deadly drugs is the most highly rewarded untaxed individual entrepreneur in the country. He, the pusher in the street, is our favorite outlaw. He lives well in this rich country, and he lives free. And we let him! We do not ask him, nor are we allowed to ask him, whether he's paying his way—whether he has filed a tax return. Only the IRS can ask him, but if he has not filed a return—and of course he has not—the IRS doesn't know who or where he is. No employer reports his income and his withheld tax. He has no employer. He has bosses and partners, but they don't file either.

What an enterprise! In unpatrolled parks, playgrounds and ghetto streets he can deal openly No overhead. His private place of business is the hallway, the parked car, the cab, his home or his victim's home. The chances of catching him dealing are next to nil.

I should like to ask the honorable gentlemen whether they really think we are fighting a war on drugs, or blowing hot air. If it is really a war, we are losing it most stupidly. The enemy is laughing at us. It's as if he were ripping away our self-respect, while his palpable effect upon his country is boundless and deadly.

I should like in brief to suggest a way in which, upon probably cause, any police officer could ask to see a suspect's tax-receipt card, or to be told a tax-receipt number, or in case of non-cooperation, to be able there and then to enter a detained person's name immediately into a computer bank and discover whether or not he is confronting a probable felon.

I have not overlooked the civil-liberties implications of this, but I would keep in mind that in time of war and national danger we do resort to such things as draft cards. We are looking at war and national danger right now.

I look forward to talking with the senators. I broached this matter informally a year ago to Senators Hatch, Cleland, and Bumpers.

DRUG GRAND JURIES

Senator SPECTER. Well, thank you very much, Mr. O'Connor. You put your finger—really, your whole hand—on a big, big problem. This is a problem I have personally wrestled with as district attorney of Philadelphia, drug grand juries. As a Senator, legislation on international drug addiction, trying to beef up the forces there, you may be exactly right.

Al Capone was put away on tax charges. Maybe we can have the Internal Revenue Service do something useful, and go after pushers. We will take a close look.

SUMMARY STATEMENT OF MAC KENZIE PHILLIPS

We turn now to Ms. Mackenzie Phillips. She started her singing career in the feature film "American Graffiti." She was the star of "One Day at a Time." We welcome you here, Ms. Phillips, and look forward to your testimony from your own personal experiences.

Ms. PHILLIPS. Thank you very much.

It is really an honor to be here. And the way you introduced me, certainly those are things that pertain to who I am. But today what pertains most to who I am is that I am a recovering alcoholic and drug addict. And I want you to look at me. Because this is one of the accurate faces of addiction and alcoholism.

I believe that in this country there is a misconception of who the alcoholic is. I know that when I had the opportunity to go to treatment and learn about alcoholism and addiction and learn about myself, my idea of an alcoholic was a person with a paper bag and a big baggy coat. I thought that alcoholics were bums. And I believe that a lot of people in this country still believe that the face of alcoholism is on the street and that they are bums.

Alcoholism and drug addiction is an equal opportunity employer. I hear a lot of things about how Hollywood is the hotbed of drug addiction. We just happen to be a little more visible. That does not mean that just because recently a gentleman who happens to be a movie star is spending 90 days in prison, does not mean that another gentleman in Idaho is not doing the same thing. This problem is all pervasive, and it touches all parts of society, all across the board.

And without the opportunity to receive treatment, I would not be here today. Addiction is a disease of denial. Addiction is a progressive disease. It is something that is insidious. And I was unable to look at my behavior without the help of health care, and mental

health care, professionals, to help show me the way, how to stay sober.

My belief is that addiction should be treated like other diseases. Addicts and alcoholics should not be discriminated against. Insurance plans should not impose barriers to treatment.

Since getting sober, I have gone from being an unemployable person to working all the time. I have gone from being an irresponsible and unavailable mother to being an active and present and loving parent for my 11-year-old son. And today I am able to convey the message of recovery.

Sober alcoholics, alcoholics in general, are high achievers. By cutting back funding for treatment of adolescents, we are effectively depriving our society of the gifts of these wonderful, talented young people in the years to come.

And I would like to thank you for your time. [Applause.]

Senator SPECTER. Thank you very much, Ms. Phillips for sharing that personal experience.

SUMMARY STATEMENT OF JOHN T. SCHWARZLOSE

Our final witness is Mr. John T. Schwarzlose, president of the Betty Ford Center, a very unique center, which has provided approximately 27,000 men, women and children with substance abuse treatment.

Welcome, and the floor is yours.

Mr. SCHWARZLOSE. Thank you, Mr. Chairman.

Mr. Chairman and distinguished subcommittee members, my written statement details what we believe are some of the key ingredients necessary for the formulation of public policy that effectively addresses the essence of the alcoholism and drug addiction problem. I have included studies and statistics which clearly show how effective treatment is.

What I would like to do, though, is just take a minute and read an excerpt from a letter that Mrs. Ford recently received:

DEAR MRS. FORD: My daughter, Janet, was 4-years-old when I entered the Betty Ford Center, on February 5, 1993. She started kindergarten the previous fall, but was expelled for excessive absences. And I was told that she likely had a learning disability. The year before I entered the program, my daughter had nine asthma attacks, five severe cold and flu attacks, and countless headaches. Doctors also said she was anemic and a very sickly child.

The day I completed the program, I rushed to her side in the hospital. She was worse than ever. She emerged from this sickness like a lightning bolt, and looked at me and said, Do you really love me, mommy?

Janet is 8 now. She is an honor roll student in the third grade, and has received perfect attendance 3 years in a row. Her asthma is gone. No more flus, colds, headaches. Doctors simply have no way of diagnosing a broken heart.

This mother also sent a letter from the daughter herself, who says:

"My mommy stopped drugs and booze 4 years ago, but I still do not like to think about when she was doing drugs and booze, because it makes my tummy hurt."

Well, Mr. Chairman, there are a lot of children whose tummies are hurting as they go to bed tonight in the United States. Four years ago this month, Mrs. Ford appeared in front of the full Labor and Health and Human Services Committee. Mrs. Ford and Mrs. Rosalyn Carter challenged you not to agree to set arbitrary, pre-

determined limits on treatment for mental health and alcoholism and addiction.

I applaud the fact that you supported these two wonderful First Ladies. But I need to inform you that limited access to treatment for alcoholism and addiction is a national crisis. Today, because her health insurance canceled their contract with Betty Ford Center, Janet, the woman who wrote the letter, would probably not be able to access treatment. Today the door is slamming in the face of families all over the United States because of limits being set.

PREPARED STATEMENT

An important step for Congress is to pass the Substance Abuse Treatment Parity Act. This bill guarantees what is fair: to treat addiction like any other disease. This legislation does not mandate that health insurers offer substance abuse treatment benefits, but it does prohibit health plans from placing discriminatory caps, financial requirements or other restrictions on treatment that are different from any other forms of health care treatment.

We hope that Congress will have the courage to move this important legislation forward. Please join us in the fight for fairness.

Thank you very much. [Applause.]

[The statement follows:]

PREPARED STATEMENT OF JOHN T. SCHWARZLOSE

Mr. Chairman and members of the subcommittee, good morning. My name is John Schwarzlose, President of the Betty Ford Center. I would like to thank you for the opportunity to testify before your subcommittee. I am testifying today on behalf of the Partnership for Recovery and the National Association of Addiction Treatment Providers (NAATP). Most importantly, I am here representing Mrs. Betty Ford, the Founder and Chairman of the Betty Ford Center, who for the past 16 years has been an inspiration and guiding light to millions of Americans seeking recovery from the disease of chemical dependency. The Partnership for Recovery is a coalition of non-profit alcohol and drug treatment providers that includes three of the nation's leading treatment centers: the Betty Ford Center, Hazelden Foundation and Valley Hope Association, collectively representing 250,000 individuals who completed treatment for alcohol or drug addictions.

The Partnership for Recovery and NAATP are dedicated to improving access to professional treatment for all Americans suffering from the disease of addiction. Addiction is a chronic, relapsing brain disease that is treatable. We are committed to the pursuit of equitable and non-discriminatory treatment for those individuals and/or family members with the disease of chemical dependency. Members of the Partnership for Recovery hope to broaden the public's understanding of the disease and create an awareness of the value of professional treatment. We share a common philosophy and more than 100 years of treatment experience based on the 12-Step model with an emphasis on family involvement and individual recovery.

I am also the past Chairman of National Association of Addiction Treatment Providers, the national trade association representing over 350 leading addiction treatment providers in the country. NAATP membership reflects the entire spectrum of chemical dependency treatment programs, including not-for-profit, proprietary inpatient, residential, and outpatient services in hospital-based and independent settings.

Mr. Chairman, we are here today to congratulate you on your leadership on addiction and recovery issues. We greatly appreciate the stewardship, courage, and cooperation which you and the members of your subcommittee have provided to bring these important, but often ignored, issues to the forefront of our nation's public policy debate.

The impact of addiction on society

Each year, untreated drug and alcohol addiction cost \$700 for each American, in health care, criminal justice, social, and lost productivity in the workplace. (Institute for Health Policy, Brandeis University, 1993). The statistics are staggering:

- Every year, substance abuse cost businesses an estimated \$100 billion in increased absenteeism, accidents, medical liability, and health care costs. (Drug Strategies, 1996);
- Three out of four adults who use illicit drugs are employed. (National Household Survey on Drug Abuse, 1994);
- Six out of ten workers know someone who has gone to work under the influence of alcohol or drugs. (Hazelden Foundation, 1996); and
- Before treatment, about 37 percent of patients reported they had been arrested. After treatment, that number dropped to about 6 percent. (Minnesota Department of Human Services, Chemical Dependency Unit, 1996).

Alcoholism and drug addiction are painful, private struggles with staggering public costs. We know that the direct and indirect costs of alcoholism alone in this country are estimated at \$100 billion each year. Assuring access to treatment will not only combat this insidious disease—it will save health care dollars in the long run. Treatment helps people stay healthier longer and saves the health care system money. A Chevron Corporation study found that for every \$1 spent on treatment, nearly \$10 is saved.

Professional treatment for addiction has been available in the United States since 1949—yet only one in four people who need addiction treatment in our country actually receive it. (Institute for Health Policy, Brandeis University, Substance Abuse: The Nation's Number One Health Problem 1993) Expenditures for treatment are less than one percent (1 percent) of the \$200 billion annual price tag to our nation for alcohol and other drug dependencies.

A one-year follow up study of adults who completed inpatient alcoholism treatment showed a dramatic reduction in hospital use when compared to the year before treatment. These included a 50-percent reduction for medical services, a 60-percent reduction for psychiatric services, a 30-percent reduction in emergency psychiatric admissions, and a 75-percent reduction in admissions for detoxification services. We know treatment works because, on average, 75 percent of the individuals who successfully complete a treatment program remain drug free six months later and 63 percent are abstinent or substance free one year later. (Harrison, P.A. and Hoffman, N.G.; Adult Inpatient Completers One Year Later)

Public policy must recognize addiction as a chronic relapsing disease

How can we explain the ravishes of this problem? Can it be a simple matter of willful behavior or the results of a bad habit? How do we explain the prevalence of this problem even in the face of repeated serious personal and social consequences?

It is a significant public health issue that policymakers in this country begin to acknowledge that alcoholism and drug dependence is not a matter of will power nor a deeply ingrained habit of slovenly, excessive consumption. To develop better public policy, we believe that policymakers must adopt the fundamental tenet that alcohol and drug dependence is a physical illness. The disease is neither the end result nor symptom of another disorder, but a primary, progressive, chronic, relapsing illness. Rather than a singular personality disorder or a negative learned behavior, alcohol and drug dependence involves the biological fabric of the individual that eventually impacts every phase of the afflicted person's life. As a result, understanding and accepting addiction as a disease will lead to public policy that encompasses the social, psychological, spiritual, and biological dimensions of alcohol and drug dependence. Born from the clinical efforts of those who treated alcoholism and those who suffered from it, acceptance of this affliction as disease, represents a combination of grassroots practicality and scientific endeavor. We now have the basic scientific underpinning now to provide credible scientific evidence that addiction is a "brain disease that markedly impairs a person's ability to control his or her drug seeking behavior."

The Substance Abuse Treatment Parity Act is an important first step

Once the federal government moves public policy in the direction of treating addiction as a disease that has devastating public health consequences, the case for providing treatment for the disease becomes evident. We believe that the Substance Abuse Treatment Parity Act (S. 1147/H.R. 2409) is landmark legislation that takes an important first step toward giving people suffering from the disease of alcoholism and drug addiction increased access to treatment. This legislation does not mandate that health insurers offer substance abuse treatment benefits. It does prohibit health plans from placing discriminatory caps, financial requirements or other restrictions on treatment that are different from other medical and surgical services.

S. 1147 and H.R. 2409 will help eliminate barriers to treatment—without significantly increasing health care premiums. A recent Milliman and Robertson study re-

ported that full and complete substance abuse treatment parity would increase per capita health insurance premiums by at most only one-half of one percent (0.5 percent) or a \$1.35 per member, per month. This does not take into consideration the obvious savings that will result from treatment.

Unfortunately, the stigma associated with this disease is subtle and often difficult to document. Recently, a survey by Peter Hart and Associates captured the essence of the stigma. While over 50 percent of the people surveyed believed addiction is a disease, 52–68 percent believe if addicts really wanted to, they could stop using on their own.

What are the key components of an effective treatment program?

As leaders in the field, the Partnership for Recovery believes that we have an obligation to provide information on the 12-Step model, the most effective model of treatment for our patients. The Minnesota Model is characterized by the use of the 12-Step philosophy of Alcoholics Anonymous as a foundation for therapeutic change in peoples' lives. The treatment goal is total abstinence from mood-altering substances and improved quality of life. While this model was developed for residential settings, we believe it can be easily adopted in community, correctional, or outpatient settings. At our Centers, we often see success rates (that is abstinence from alcohol and other drugs for one year after treatment) ranging from 51–75 percent using this model of treatment. It is important to note that no one model of treatment is appropriate for all patients. We believe that an individualized continuum of care is an important factor in making recovery last for the addicted person.

Key Components of the 12-Step Model Include:

1. Assessment;
2. Development of a individualized plan of care;
3. Execution of the treatment plan;
4. Specific continuing care plan (including halfway house, group, or individual therapy and AA or NA attendance); and
5. Post treatment services.

Post Treatment services or continuing care, increase the quality of recovery by helping to prevent relapse. Based on variability of severity, continuing care options are individually prescribed. One-to-one counseling and referral to a 12-Step self-help support group is frequently recommended for those individuals with supportive family and social environments, employment, and relatively successful treatment response.

The data is also compelling that longer lengths of stay yield better outcomes. For example, a 1993 study published by McLellan, Grisson, Brill, Durell, Metzger and O'Brien reported outcomes of patients from four private treatment centers, two inpatient and two outpatient. While the programs varied somewhat in program characteristics, all four programs were based on the 12 Steps of Alcoholics Anonymous, had a goal of abstinence, and utilized a multidisciplinary team to deliver services. Two inpatient programs yielded an average abstinence rate of 71 percent, while the two outpatient programs averaged an abstinence rate of 48 percent.

Addiction is treatable and the treatment does work. There are numerous other national studies whose data chronicle the effectiveness of treatment, the cost savings it affords the workplace, and the life saving and transforming potential it offers individuals and family members. I have included several of those as attachments to my testimony. There are literally hundreds of thousands of people living new lives in recovery across the United States today.

Conclusion

Mr. Chairman, momentum is building for the nation to take a public health approach to addiction. We believe that S. 1147 and H.R. 2409 are a start in the right direction. Congress has the opportunity to take this first step, and move this legislation forward to solve this public health crisis before another generation is lost to the disease of drug and alcohol addiction. We ask you to join us in the Fight for Fairness.

Thank you very much, Mr. Chairman, for allowing us to share our views on addiction, recovery and treatment issues with you. The Partnership for Recovery, NAATP and I look forward to working with you and your colleagues on these issues in the months ahead. I would be happy to take any questions.

CORPORATE AMERICA

Senator SPECTER. Thank you very much, Mr. Schwarzlose.

We will move now to just 4-minute rounds for the Senators who are on this subcommittee.

Mr. Hafer, I begin with your statement about what your company, GPU, has done in aiding this battle. I think recognition by corporate America is a key factor, with its resources, to identify the problem and help their own employees. We would be interested to hear from you on an elaboration upon what your company is doing in this regard.

Mr. HAFER. Thank you very much. And thank you for those kind words.

Our company has done a great deal of research into this disease. We have adopted a very strong and firm policy about drug possession and use and alcohol possession and use. It is strictly forbidden on company property at any time or by anyone on company business anywhere else. We have also adopted a policy that includes the treatment for chemical dependency in our medical care plans. And we encourage people to seek that treatment, be it for themselves or their family members. And as you have heard so many times—

Senator SPECTER. Does your medical plan not exclude treatment for drug and alcohol dependency?

Mr. HAFER. No, sir; it does not exclude it.

And we are convinced, as I said in my statement, that that is not only the right thing to do from a human point of view, from a compassionate perspective, it just makes good business sense, as well.

Senator SPECTER. Dr. Aldrin, I know time limitations prevented your full statement. I would be, and the subcommittee would be, interested to hear from you, as a national hero, the first man on the Moon. You have stated that you have almost 20 years as a recovered alcoholic.

Mr. ALDRIN. That is correct, sir.

Senator SPECTER. I believe people would be interested to hear a little more about that, as an inspiration or as a guidepost or as a model as to what someone in your position can do. You walked on the Moon in 1969. If the chronology is a recovered addict for almost 20 years, it would put it at 1978. What happened in between? And how did you lick the problem?

Mr. ALDRIN. I believe that the structure of my life was very tight, in going to the military academy and then the military, in the Air Force and combat. And following that, I was with NASA. And I was propelled into a position of celebrity status. Then I elected, after returning to the Air Force, to write a story about my experiences.

And I fell into a very unstructured life. And I was not sure what my purposes were. I had been led into very lofty situations. And I believe that the genetic tendencies that caused my mother to commit suicide and caused my father's career to be somewhat limited by the use of alcohol—and that occurred in those time periods before there was the kind of recoveries that we have today. And I feel like I was very fortunate in being in the right place at the right time to get into the Astronaut Program.

But I was also in the State of California, that was very active in assisting people who could recognize that they had a problem, not because I recognized it, but because other people were pointing that out to me. And I went through a variety of treatments, from VA's to hospitals in Santa Monica, to several recovery facilities, the

Navy recovery facility in Long Beach and of course the fellowship programs.

Without a doubt, that challenge to me was the most significant challenge of my life. Yet, I believe that the results of recovery have been the most satisfying and the most rewarding to me. And all I can say is that it is because of the availability of treatment facilities. And it is not that I was able to do this easily the first time. You must know that I am a very strong-willed person, and I am very persistent in what I am doing today, but that was of no avail.

It took time and it took many exposures. Not one treatment would have been adequate. There is no doubt in my mind, without the facilities that were available to me at that time, and the willingness that I had, that I would not be here. I would not be alive at this point.

Senator SPECTER. Well, thank you very much, Dr. Aldrin, for sharing your views and experiences with this panel, this audience, and those who have a broader viewership on television, C-SPAN II.

Senator BUMPERS, a member of the panel.

Senator BUMPERS. Mr. Chairman, let me thank you for convening this most impressive hearing this morning. And I say to all of our panel that this is my 24th year in the Senate, and I do not know when I have ever heard more eloquent and compelling testimony. It was extremely moving.

I regret that the time constraints are so harsh on your testimony, as well as the questioning round. But, nevertheless, living with that, I would address this question to William Cope Moyers, to Ms. Colvin and to Ms. Phillips. As a recovering nicotine addict, I have some microscopic understanding of what drugs do to people. But I also remember my children pounding on me daily about the horrible odor, the filthy habit, and nothing impressed me.

And I am reluctant to tell this story. But I remember, in 1991, the now President and I, when he was Governor of Arkansas, were riding in the back of a convertible in a parade. And we were talking politics. And all of a sudden I put my tongue in the top of my mouth, and I felt a node. And I am sure that if somebody would have had a camera, I turned ashen white. It terrified me and petrified me. And I never smoked another cigar. That is when I quit.

Now, drugs, I know—a drug is a drug—but my question is this: Why is it that my children and friends had no impact on me whatever? What are the magic words that somebody has to use to convince you that you are on a hopeless course? Some of you have supporting parents, as William Cope Moyers did, and friends and so on, who I know do everything in the world to help you. Do these people, most of the time, just have to hit what we call rock bottom before they are willing to deal with the problem?

Let me just start with you, Ms. Colvin.

Ms. COLVIN. Cigarettes are horrible. It is not a microscopic experience with drug addiction. I still occasionally indulge in a cigarette, and it plagues me. Nicotine addiction is really powerful.

Yes; it is true, you can beg someone. There are many, many support groups for the loved ones of addicts, precisely because one's intuition is to want to convince them of the ridiculousness of what they are engaged in. And you think if you can say the magic words,

or reason with them, that indeed they will get it. And nothing could be further from the truth. There are no magic words.

And what loved ones of addicts generally have to learn to do is let go of them and let them reach that bottom. Now, there are some thoughts as to how far that bottom can be raised up by a great deal of public awareness and letting people know what addiction is all about—that there is help, that they have choices. But, in my experience, that choice must come from the addict. And the way in which the family members—and I am sure the Moyers can speak a lot about this—approach it is certainly, certainly valuable, but can only go so far.

Senator BUMPERS. Mr. Chairman, can we allow the other two witnesses to answer the question?

Senator SPECTER. Yes; of course.

Senator BUMPERS. Ms. Mackenzie Phillips.

Ms. PHILLIPS. Thank you.

For me, just like for Shawn, no amount of cajoling by people who loved me, people who employed me—I mean, I was fired repeatedly because of my addiction and my alcoholism. I held a belief inside of myself that yes, I was aware that there are people who were in recovery, but that it was not available to me, that I was meant to die that way. Because alcoholism, yes, it is an allergy of the body, but it is also an obsession of the mind. I was obsessed with the idea of my using. I felt that it completed me.

It, retrospectively, 6½ years clean and sober, I see that my need was a spiritual need, that there was an empty hole inside of me that I was trying to fill with alcohol and drugs. I could not see the problem. I could not see that I was hurting everyone around me. And I did not want to stop until I wanted to.

You see, I did not realize that I did not have to live that way anymore, until the moment that I realized it. You see, it is a paradox. I had a moment of clarity when I hit my bottom. And I saw nothing good coming, except for more of the same. And in that moment I was able to pick up the phone and call for help and get into a detox and go from there to treatment. And that was January 1992.

So it is very difficult to try and convince an alcoholic that he needs to get sober. It is very, very difficult.

Thank you.

Senator SPECTER. Mr. Moyers.

Mr. WILLIAM COPE MOYERS. Thank you, Mr. Chairman.

Senator, I will keep it brief. My parents loved me. My wife, Allison, who is behind me, has been sober for 9 years; she loved me. No amount of love and no amount of commitment was going to do for me what I needed done for the simple fact that I did not believe at first that I had a disease. I thought if I just changed my thinking, if I just changed my circumstance, then I would be OK.

And my moment of clarity came when I realized that I could not fight this anymore by myself, that I needed help. I needed treatment three times, treatment twice at Hazelden and once at Ridgeview, in Atlanta. I had years of sobriety in there, and I forgot what it was. That meant taking care of myself.

When I finally said, You know what, William Cope Moyers, you cannot do this by yourself, so stop trying, is when I got myself into

treatment that worked for me. Had I not gotten that opportunity several times, there is no question—as Dr. Aldrin said—there is no question in my mind that I would be stone dead today, no matter how much my folks loved me. My father is an ordained Southern Baptist minister. I grew up with a wonderful concept of God. My mother was always there for me. I got a wife in recovery.

And, you know what, I just had to stop doing it my way and listen to what other people, who had been there before me, had done to succeed. And that is the bottom line.

Senator SPECTER. Thank you very much, Mr. Moyers.

Congressman Ramstad and Senator Wellstone are not on the panel, but if you would care to make a brief, concluding statement, Congressman Ramstad, we would welcome that.

Mr. RAMSTAD. Thank you very much, Mr. Chairman.

As a humble House Member, I have never had the pleasure of sitting up here, and you are very kind. [Laughter.]

Senator SPECTER. Time is up. [Laughter.]

Mr. RAMSTAD. The Senate always has the last word.

I just wanted to say, Mr. Chairman and guests, I have been involved in the legislative process for 18 years—10 as a Minnesota Senator and 8 here as a Member of Congress—and I have never heard such powerful, compelling testimony either, as Senator Bumpers mentioned.

And I believe today, Mr. Chairman, the subcommittee took the first step—took the first step in educating Congress as to the ravages of drug and alcohol addiction, the first step in educating Congress to the fact that chemical addiction is a disease. I believe that you took the first step in this subcommittee to educating Congress to the fact that treatment for this disease works.

And, Mr. Chairman, there are 26 million American addicts and alcoholics out there, and we need to educate every member of this body and the body on the other side of the Capitol that these 26 million Americans can recover, but not unless we provide parity for substance abuse treatment. That is the bottom line.

This year, Congress can take the big step to knock down the barriers to treatment, Mr. Chairman, just like Congress took the big step, in 1964, to knock down the barriers to integration, just like Congress took the big step to knock down the barriers for people with disabilities, in the Americans with Disabilities Act. One of the witnesses said—and all of you did such a wonderful job—this is an equal opportunity disease. It is a bipartisan disease. It affects people from all walks of life equally.

But, Mr. Chairman, in concluding, let me say, if we work together, all of the witnesses here today and the communities you represent across America, if we work together in a bipartisan, pragmatic way, we can pass the Substance Abuse Treatment Parity Act. Because it means life or death for 26 million Americans.

Again, thank you, Mr. Chairman, for your strong leadership and for holding this important hearing today.

Senator SPECTER. Thank you, Congressman Ramstad.

We will come to you in just 1 minute, Dr. Aldrin. I want to have a concluding statement now from Senator Wellstone.

Senator WELLSTONE. I know we have to finish. I would be pleased to give my time to Dr. Aldrin.

Senator SPECTER. Dr. Aldrin will have some time to speak. You are entitled to a closing statement, Senator Wellstone.

Senator WELLSTONE. I have been just listening carefully to what everybody has said. And I thank you.

I do not think there is any one answer. Mr. O'Connor talked a lot about law enforcement and people who get away with murder. And there is that part of it. And he was talking about drugpushers. I also heard some testimony which I think is going to be extremely important, Mr. Chairman—and you have been a leader in this area for years—about some of the studies that have come out.

I think part of what is going on is our policy lags way behind. It is based upon outdated assumptions. It is based upon stereotypes. It is not at all based upon what we now know about the causes, the biochemical, the neurological causes, and also the treatment that works, that is effective. And so I think part of it is an educational challenge. And I think we can do that, Mr. Chairman. I think we can do that with Senators and staff. I think we can do it in the country.

I think this documentary, Mr. Moyers, is a very, very, very important step. I think it is historically significant.

And then I guess my last point would be that, as I listened to different people speaking, I was thinking, Ms. Phillips, about what you said. It applies to others, as well, what William said, what Shawn said. It is inspiring to hear about how people were able, Dale, to somehow triumph.

But the individual stories are not enough for our country, because even when people, men and women, say, I have got to make a change, I will be destroyed and I will destroy others, too many people cannot find any treatment. It is like you are covered for 1 or 2 days in a detox center, and that is it. And that will not work.

So the other thing we have got to do is make sure that the treatment is there, that it is available for people, that it is affordable, that it is accessible. And I think we absolutely have to end the discrimination against people, and make sure that this is treated as a medical disease, which is chronic and recurring, and that the coverage is there for people. That is the legislation that we are talking about.

And this, Mr. Chairman, feels very much like the journey I was able to take with Senator Domenici, you know, on the mental health parity. And I think the education was there and people became involved and people spoke up, and we were able to get this done. And it made a difference. And I think that is exactly what we are going to do.

Thank you very much.

Senator SPECTER. Thank you very much, Senator Wellstone.

Mr. Aldrin, one final comment.

Mr. ALDRIN. Yes, sir; Mr. Chairman, I would like to add just one further thought. I think there are great varieties of methods and manners that people can recover. Many can recover as they see the light, and from that point on they go on and they have sobriety.

There is no doubt in my mind that when I went through my first recovery, I was convinced that I had to stop drinking, but I could not. It took me 3 years. That was the most difficult thing that I

have ever done in my life. And some people are able to do it quickly. Some people need many treatments.

So I think you have to provide a variety of modes of recovery. And you have to have methods of determining the differences that exist. I think the productivity of my life today indicates that it was well worth the patience that those people had in the faith that I would eventually recover.

Thank you.

Senator SPECTER. Well, thank you very much, Dr. Aldrin. Your testimony along with William Cope Moyers, Mackenzie Phillips and Shawn Colvin are all very inspirational. This is a very important hearing for many reasons, and I regret we do not have 10 times as much time.

This subcommittee has the responsibility for Health and Human Services and Education and Labor, and there are so many important subjects. We did want to have these matters brought up today with the maximum time that we could accommodate. When the people who have suffered the problems testify about it, it is special.

Mr. Hafer, we are glad to hear what your company is doing. It is an inspiration to other companies. It is going to be hard, frankly, to pass legislation to make sure that all insurance policies cover alcohol disability, notwithstanding the fact that many of us are for that. Because every time you do that, it raises the costs. There are a lot of factors. When the companies get involved, you do not have to ask the Senate to concur.

The Betty Ford Foundation is extraordinary.

Carroll O'Connor only told you a fraction of what he has to say. I want to make just one comment about Mr. O'Connor's litigation issue with a certain drug dealer. He fought it out in court and then won, to try to bring a modicum, a small amount, of justice in a very grave personal tragedy. But a lot of courage there.

And Mr. Bill Moyers, the elder, is moving ahead with the documentary. And he is going to reach more people than we will on C-SPAN II or even on a snippet on the networks tonight. But this is part of an ongoing battle, and I think we made a little progress today. So we thank you all.

PREPARED STATEMENT OF SENATOR LARRY E. CRAIG

We will insert an additional statement from Senator Craig at this point in the record.

[The statement follows:]

PREPARED STATEMENT OF SENATOR LARRY E. CRAIG

Mr. Chairman, thank you for holding this very important hearing on drug addiction and recovery. Almost all Americans are affected by drug addiction, whether they are presently addicted, former addicts, or a friend or loved one of someone suffering from drug addiction. This says nothing of the effects of crime and poverty that go hand in hand with this plague. This is a critical issue of national significance, and needs to be fully addressed.

This hearing today will open the eyes of America to the problems of drug addiction as well as the difficulty of recovery. However, recovery is possible, as shown here today. I commend the Chairman and the Ranking Member for gathering such a broad-based and experienced panel of witnesses. I look forward to listening to everyone here today.

This hearing will undoubtedly be interesting and informative as to the recovery of drug addiction. However, we need to concentrate not only on recovery, but pre-

vention as well. We need to dry up the demand, and cut off the supply if we want to win the war on drugs.

I look forward to the discussions here today. It is important that we evaluate a wide array of options to continue our fight against drug abuse.

CONCLUSION OF HEARING

Senator SPECTER. That concludes the hearing. The subcommittee will stand in recess subject to the call of the Chair.

[Whereupon, at 12:30 p.m., Tuesday, March 24, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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